

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V20194** (9)
1. Corporation Name
GLASSMAN ASSOCIATES, INC.

Principal Place of Business
**16117 NW 15 ST
PEMBROKE PINES FL 33028
US**

Mailing Address
**20801 BISCAYNE BOULEVARD
SUITE 505
AVENTURA FL 33180
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1992	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0322378		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BRECKER, CHARLES D 20801 BISCAYNE BLVD STE - 505 AVENTURA FL 33180				10. Name and Address of New Registered Agent	
81 Name Charles D. Brecker, Esq.					
82 Street Address (P.O. Box Number is Not Acceptable) c/o Fromberg, Fromberg, Brecker, et al.					
83 20801 Biscayne Boulevard, Suite 505					
84 City Aventura				85 Zip Code FL 33180	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GLASSMAN, LARRY D.			1.2 NAME	CAMPOPIANO, LILA		
STREET ADDRESS	16117 NW 15 ST			1.3 STREET ADDRESS	16117 NW 15 STREET		
CITY-ST-ZIP	PEMBROKE PINES FL			1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33028		
TITLE	DVS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLASSMAN, STEVEN M.			2.2 NAME			
STREET ADDRESS	16117 NW 15TH ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLASSMAN, STEVEN M.			3.2 NAME			
STREET ADDRESS	16117 NW 15 ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			3.4 CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRAUB, JO ANN			4.2 NAME			
STREET ADDRESS	16117 NW 15 ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			4.4 CITY-ST-ZIP			
TITLE	AVP	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRECKER, CHARLES D.			5.2 NAME			
STREET ADDRESS	20801 BISCAYNE BLVD, SUITE 505			5.3 STREET ADDRESS			
CITY-ST-ZIP	AVENTURA FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LARRY D. GLASSMAN, PRESIDENT

2/9/98 (954-425-8008)

CF2E034 (1097)